## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| NSTRUCTIONS: This appropriate. All further ndicated unless correct maintenance fee notifical  | ica below of affected off       | or transmitting the ISSU<br>ng the Patent, advance of<br>nerwise in Block I, by (a | JE FEE and PUBLICATI<br>rders and notification of n<br>a) specifying a new corres   | ON FEE (if requirements of the contract of the | red). Blocks 1 through 5 ill be mailed to the curre and/or (b) indicating a se   | should be completed where<br>nt correspondence address as<br>parate "FEE ADDRESS" for  |
|---|---------------------------------|--|---|--|--|--|
| 25944 OLIFF & BER P.O. BOX 3208   | 7590 09/24                      | /2008 NOV 1 7 2  | I he State addr   | s) Transmittal. This ers. Each additional e its own certificate  Cert reby certify that this   | s certificate cannot be used<br>paper, such as an assignr<br>of mailing or transmission<br>ificate of Mailing or Trans<br>s Foc(s) Transmittal is be | for domestic mailings of the d for any other accompanying ment or formal drawing, must be a second of the desired of the desir |
| ·   |                                 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 4.8/  |  |  | (Depositor's name)   |
|   |                                 | TRABBO   | MATE  |  |  | (Signature)  |
|   |                                 |  |   |  |  | (Date)   |
| APPLICATION NO.   | FILING DATE                     |  | FIRST NAMED INVENTOR  |  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.   |
| 10/511,899<br>FITLE OF INVENTION  | 10/20/2004<br>i: HONEYCOMB STRU | CTURAL BODY  | Hirofumi Sakamoto   |  | 121572   | 6470   |
| APPLN. TYPE   | SMALL ENTITY                    | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUE   | FEE TOTAL FEE(S) DU  | JE DATE DUE  |
| nonprovisional  | NO                              | <del>-61410 -</del> \$ 15  | 10.00 \$300   | \$0  | <del>\$1740</del>  | 12/24/2008   |
| EXAMINER ART UNIT   |                                 |  | CLASS-SUBCLASS  |  | \$ 18  | 10.00  |
| BALDWIN, GORDON 1794  |                                 |  | 428-116000  |  |  |  |
| Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                 |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   |  |  |  |
|   |                                 |  | THE PATENT (print or typ  |  |  |  |
| PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG  | in in 37 CFR 3.11. Comp         | ified below, no assignee pletion of this form is NO                                | data will appear on the pa<br>T a substitute for filing an a<br>(B) RESIDENCE: (CITY  | assignment.  |  | document has been filed for  |
|   |                                 |  |   |  | JONIKI   |  |
|   | ATORS, LTD.                     | categories (will not be p  | NAGOYA, JAI   |  | poration or other private g  | group entity Government  |
| a. The following fcc(s):  XX ssuc Fcc  XX publication Fcc (N  Advance Order - #   | No small entity discount p      |  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed. Check #212107 (\$1810.00)  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form). |  |  |  |
|   | tus (from status indicated      | -,   |   |  |  |  |
|   | s SMALL ENTITY state            |  | b. Applicant is no long   | ger claiming SMAL  | L ENTITY status. Sec 37  | CFR 1.27(g)(2).  |
| nterest as shown by the   | records of the United Sta       | tes Patent and Trademark   | Office.   | ne applicant; a regis  | tered attorney or agent; or  | the assignce or other party in   |
| Authorized Signature  |                                 | any  |   | Date 1/1 Nov.  | emberd117 002 <b>008</b>   | 10511899   |
| Typed or printed name   | c Moshe K. Wi                   | lensky   |   | Reg <b>Bi</b> ra <b>i</b> lon <b>is</b> i  | 56,263   | 1510.00 OP   |

02 FC:1504 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.